

**DEPARTMENT OF PERSONNEL ADMINISTRATION**  
**Benefits Division**

COBRA Group Continuation Coverage  
Dental Plan Monthly Premiums Effective January 1, 2008

<u>Carrier/Address</u>	<u>Plan Type</u>	<u>Covered Persons</u>	<u>1 Party</u>	<u>2 Party</u>	<u>3 Party</u>
Delta Dental Mail STD. 692 to: Wolfpack Insurance Services, Inc. P.O. Box 833 Belmont, CA 94002-0833 1-800-296-0192	Enhanced	Excluded employees and their eligible dependents	\$50.99	\$102.01	\$143.97
	Basic	Rank and File employees	\$48.96	\$86.76	\$126.16
	Basic	Eligible dependents of Rank and File employees	\$41.81	\$63.31	\$83.23
	PPO	Excluded & Rank and File employees and their eligible dependents	\$41.62	\$82.20	\$124.35
Safeguard 95 Enterprise Aliso Viejo, CA 92656 1-800-880-1800	Standard	Rank and File employees and their eligible dependents	\$15.41	\$24.97	\$34.98
	Enhanced	Excluded employees and their eligible dependents	\$15.08	\$25.52	\$31.44
DeltaCare USA 12898 Towne Center Drive Cerritos, CA 90703 1-800-422-4234	Basic	Excluded & Rank and File employees and their eligible dependents	\$17.70	\$29.04	\$40.17
Vision Service Plan P.O. Box 997100 COBRA UNIT Sacramento, CA. 95899-7100 1-800-852-7600 Ext: 4636	Basic	Excluded & Rank and File employees and their eligible dependents	\$9.37	\$9.37	\$9.37

Refer to the Benefits Administration Manual (BAM) COBRA Section 400 for complete instructions on the completion and submission of COBRA documents. These premium rates are 102% of current gross premiums.